

MULTIPLE DEPENDENT CLAIM 10 / 588281
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			b6			
3	b6		b6			
4	b6		b6			
5	b6		b6			
6	b6		b6			
7	b6		b6			
8	b6		b6			
9	/		/			
10	/		/			
11	/		/			
12	/		b6			
13	b6		b6			
14	b6		b6			
15	b6		b6			
16	/					
17	/					
18			b6			
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TOTAL IND.	b6	↓	2	↓		↓
TOTAL DEP.	19	←	24	←		←
TOTAL CLAIMS	b6	[REDACTED]	26	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		↓
TOTAL DEP.				←		←
TOTAL CLAIMS				[REDACTED]		[REDACTED]